

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24377

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>				c. CITY OR TOWN <b>Liberty Township,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>				Length of stay in lb <b>3 da.</b>		d. STREET ADDRESS (If outside, give location) <b>5 mi. SW of Glover</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LOREN</b> Middle <b>RAY</b> Last <b>MANLEY</b>				4. DATE OF DEATH Month <b>July</b> Day <b>26</b> Year <b>1957</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Mar 15 1898</b>	
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>59</b> Days <b>59</b> Hours <b>59</b> Min. <b>59</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Nebo Illinois</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13. FATHER'S NAME <b>Jacob Gibson Manley</b>				14. MOTHER'S MAIDEN NAME <b>Mary Susan Bickmoore</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Donald Manley DeSoto Mo..</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute bilateral bronchial pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Typhoid fever</b>							INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>7-23-57</b> to <b>7-26-57</b> and last saw <sup>her</sup> him alive on <b>7-26-57</b> Death occurred at <b>2.45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In green or blue ink) <b>R. E. Harland m. L.</b>				22b. ADDRESS <b>Ironton, Missouri</b>		22c. DATE SIGNED <b>7-29-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-28-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Glover Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Glover Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>White Funeral Home, Ironton Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-2-57</b>		26. REGISTRAR'S SIGNATURE <b>Miss Avis Jones</b>	

*Anna White*

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1951

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Amel White*.....

Licensed Embalmer No. *8012*

P. O. Address *London*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.